Disclosure Report Cover

Use this form for general report and committee information, must be signed and submitted along with other detailed forms. Do not use this form to update information.

1. Committee Information	on					
a. Full Name					c. ID Number	
COMMITTEE	TO ELECT		WEAVER		2JMTVF	
b. Mailing Address (include C	ity, State and Zip Code)	RECEN	- \$ 4000 form	d. Date Filed	
	YSTONE D		12 mm 12 mm	- ecologicale Bestidion	7/6/15	
WEDDIN	GTON, N.C	28104	OCT 26.2	.015	e. Phone Number	
				-	919 795 9136	
2. Report Year 3. Period	1 Start Date (mm/dd/			Mreasure	er Full Name	
	23 2015	10/	19/15	MIKKI	A. WEAVER	
6. Type of Committee (C				<u> </u>	ort from one category)	
Candidate Campaign	Party	Municipal	State/County		Referendum	
PAC	Referendum	Organizationa	, —		Organizational	
Independent Expenditure	☐ Joint Fundraiser	Thirty-five day	· — ·		Pre-referendum	
Legal Expense Fund	J	Pre-primary	First		Final	
7. Type of Fund (if app	plicable, check one)	Pre-election	Seco.		Supplemental Final	
Booster Fund (1) app	Alicable, check one)	Pre-runoff	Third		Annual	
Building Fund	J	Semi-annual			Special	
Dunang runa	J'	Mid Year				
X Other:	J.	Year End	<u> </u>		10. Special Report Name	
8. Number of Fundraiser	ra this Report	Final Special	I =	r End		
· · · · · · · · · · · · · · · · · · ·	's this Report	Special	Final	!	1	
0		<u> </u>	☐ Special			
11. Account Information			11. Account Inform			
a. Financial Institution Full Na			a. Financial Institution	Full Name		
COMMUNITY ON		N.A.				
b. Purpose	c. Account Cod	<u>le</u>	b. Purpose		c. Account Code	
	01					
I	d. Period Begin	n Balance	1	ſ	d. Period Begin Balance	
I	\$ 806.0	lala	1	1	\$	
CERTIFICATION					Φ	
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections. MIKKI A. WEAVER Printed Name of Signer Signature of Appointed Treasurer Date						
FOR OFFICE USE ONL	Y me ho	<u> </u>	$\overline{\Box}$	1		
Date Received:	10/26/15	_ Employ	ree: Ctaum		<u>ivery Method</u> Normal Mail	
Date Postmarked:	NA	_ Employ	/ee:		Registered Mail Hand Delivered	
Date Scanned:	10/27/15	_ Employ	ree: Kaum		Electronically Filed	
Date Data Entered:		Employe			Signer has not received mandatory training	
Please Note: This fo	orm cannot be used to	o amend comm [;]	ittee information sucl	n as the com	mittee address, treasurer,	
ass	sistant treasurer, cust	stodian of books	s information, or acco	ount informati	tion.	
You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.						

Detailed SummaryUse this form to summarize all disclosure reporting forms and to total

Amendment

Yes No

1. Committee Full Name (and Fund if applicable)		of Report 3. ID Number						
COMMITTEE TO ELECT MIKKI WEAVER		On						
<u> </u>	1200		2JMTVF					
Start of Election Cycle: January 1, 2015		Total this Reporting Period	Total this d Election Cycle					
4) Cash on Hand at Start		\$ 806.66	\$ 0					
<u>RECEIPTS</u>								
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$ 100.00					
6) Contributions from Individuals	(CRO-1210)	\$ 393.00						
7) Contributions from Political Party Committees	(CRO-1220)		\$					
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$					
9) Loan Proceeds	(CRO-1410)	\$	\$					
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$	\$					
11) Other Receipt Sources		BEC'EI	V/Ch					
11a) Interest on Bank Accounts	(CRO-1250)	\$ 00+20	\$					
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	111 / 6- /	2011 \$					
11c) Outside Sources of Income	(CRO-1250)	77.3.	1 '					
11d) Legal Expense Fund - Other Sources	(CRO-1270)		\$					
11e) Exempt Purchase Price Sales	(CRO-1265)		\$					
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c	,11d and 11e)	<u> </u>	\$ 2693.00					
EXPENDITURES		1081.66						
13) Disbursements								
13a) Operating Expenditures	(CRO-1310)	\$ 75.87	\$ 1569.21					
13b) Contributions to Candidates/Political Committees	(CRO-1310)		\$.					
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$					
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$					
15) Loan Repayments	(CRO-1420)	\$	\$					
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$	\$					
17) In-Kind Contributions	(CRO-1510)	\$ 118.00	\$ 118.00					
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1	5, 16 and 17)	\$ 193,87	\$ 1687.21					
19) Cash on Hand at End (Add lines 4 and 12 together, then sut		\$ 1005.79						
ADDITIONAL INFORMATION								
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$						
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$						
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$						
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$	Edward Communication (Communication Communication Communic					
24) Account Transfers Within the Committee	(CRO-1720)	\$						
25) Administrative Support	(CRO-1710)	\$	\$					
26) Forgiven Loans	(CRO-1440)	\$	\$					
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$	\$					
8) Contributions to be Refunded	(CRO-1215)	\$	\$					

		- 1		2			
Contributions from Individuals	Pg	9	of	<u>8</u>	Amendment Yes		No
Use this form to report individual contributions over \$50 or contributions	unde	г \$50 if	form	CRO	1205 is not u	sed	

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1. Com	mittee Full Nam	e (and Fund if appl	icable)			2. I	D Number		
COMMITTEE TO ELECT MIKKI WEAVER					,	2JMTVF			
	ributor Informa				nove				
l.	ame, Mailing Addre	ss & Phone		b. Job Title/Profes	slon		omments. VED		
(includ	e city, state, & zip)			-		U,	CT 28 2015		
		CONNER		c. Employer's Nan	ne/Specific Field	1 Co. Board of Elections			
50	4 SHOR	ELINE DR.		UNEMPL	OYED	e. Election Sum to Date			
		5, NC 2810		RETIRED HOME					
	, , , , , , , , , , , , , , , , , , , ,	5, NC 2010	/ -j 	MAI		\$	75.00		
f. Prior	g, Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	у)	k. Amount		
	01	CHECK			9/23/15		\$ 75.00		
							\$		
							\$		
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i e	ame, Mailing Addre	ss & Phone		b. Job Title/Profes	sion	d. C	omments		
(includ	e city, state, & zip)			BANKIN	16	,	2 TI ON		
Ros	BERT W	ETTEROFF		c. Employer's Nan	ne/Specific Field	١	RETIRED		
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(includ	le city, state, & zip)		1.0	1					
LE	SLIE BA	RRY		c. Employer's Nar	ne/Specific Field				
		PROVIDEN	CE DR.	RETIRED			e. Election Sum to Date		
_		ON, NC 281	=	HOME MAKER					
VV 15			· · · · · · · · · · · · · · · · · · ·			\$			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	ntion	j. Date (mm/dd/yyy	y)	k. Amount		
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							\$		
							\$		
4. Total only this Page \$ \$\pi \pi \pi \pi \pi \pi \pi \pi \pi \pi							CHESTAN 275 ⁰⁰		
		RO-1210 Pages				\$	393,00		
(This li	ine must be on line 6	of Detailed Summary Pa	ige CRO-1100)						

Cont	ributions fr	om Individual	ls	$P_{\mathbf{g}}$	$\frac{2}{2}$ or $\frac{2}{2}$	Amendment Yes No		
Use this	form to report in	ndividual contribution	ns over \$50 or co	ontributions und				
1, Com	mittee Full Nam	e (and Fund if appli	icable)		,	2. ID Number		
COM	MITTEE	TO ELECT 1	MIKKIW	EAVER		2JMTVF		
3. Cont	ributor Informa	tion	×	Add 🔲 Rer	nove			
a. Full Na	nne, Mailing Addre	ss & Phone		b. Job Title/Profes	sslon	d. Comments	11 -	
(includ	e city, state, & zip)					00-	/ VL	
12.	22121 6	SINCLAIR		E I I N	K161 - TI-13	OCT 26	201=	
			~	c. Employer's Nar	_	l lest	~VIII	
		AGE ACRES		HOMEMAKER		e. Election Sum to Bare () of Election		
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(includ	e city, state, & zip)			<u> </u>			ŀ	
L VII	M PEREZ	7		c. Employer's Nat	ne/Specific Field			
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	ame, Mailing Addre			b. Job Title/Profe		d. Comments		
(includ	le city, state, & zip)			REALT	OR.		ŀ	
LI	SA MCC	ROGSAN		c. Employer's Na				
		JGS MANOR	DR	VESTOR, J	ACKEON	- Disables Court - Date	_	
MATTHEWS, NC 28104				CHRISTIES INT'L		e. Election Sum to Date		
ΙΛ	MALIHEW	S, NC LEN	UA	REAL E	STATE	\$ 78.00		
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			MEET &	GREET	10/16/20	15 \$ 78.∞		
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4. Tot	al only this P	age				\$ 118.00		

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Disbursem				. •	Pg of				
	report expenditures is coordinated party exp		tee for o	perating exp	enses, contributi	ons	to candidate/political		
	ull Name (and Fund			oractio-descripes—les constitues e		eranasan.	[2. ID Number		
_	TEE TO ELE			EAVER			2JMTVF		
3. Type of Dish					ach type of Disb	urse	ment.)		
Operating Expe		ributions to Candida					ted Party Expenditures		
4. Payee Inforn					Remove				
a. Full Name, M	ailing Address & Pho	one		b. Coordinate	ed Committee Name	:	d. Comments		
(include city, state,	& zip)								
	DSTATES					007 26 2015			
FOST O		<i>i</i>		C. Level Regis	stered (Specify) County:				
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MATTI	TEWS, NC	28105					A V OF		
	, .						\$ 16.85		
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	ng Address & Phone			b. Coordinate	d Committee Name	!	d. Comments		
(include city, stat	_			-					
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	PROVIDENCE			Federal County:			71. 4. 6. 4. 7. 4.		
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			 -		\$				
					\$	L			
5. Total only th	is Page						\$ 75.87		
6. Total of ALL	CRO-1310 Pages								
(This line goes in	line 13a of Detailed Sum	mary Page CRO-11	00 if Oper	rating Expense	es)		•		
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)									
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)									
	odes (List detailed								
A* - Media	B* - Printin			undraising			ther Candidate		
E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses									
I - Postage O* Other	J - Penaltic	:S	K * - 0	ffice Expens	ses Q* - Do	nat	ion to Legal Expense Fund		
	e detailed explanation	on in required r	emarks	field (k)					

Committee Full Name (and Fund if applicable) 2. ID Number	In-Kind Contributions Use this form to report non-monetary contributions, donations, good Use CRO-1215 if In-Kind Contributions were or will be refunded.			_ □	endment Yes No d.	
3. Contributor Information				2. ID N	umber	
a. Full Name, Malling Address & Phone Onclude city, state, & zip) BARBARA SINCLAIR ICOO HERITAGE ACRES MATTHEWS. NC 20104 Description MEET & GREET COT 2 6 2015 G. Comments Add Remove a. Full Name, Malling Address & Phone (include city, state, & zip) KIM PEREZ Other Receipt Source J. Contributor Information Add Recreadum Condidate Pary Add Remove A. Election Sum to Date \$ 30,000 A Bescription MEET & GREET Other Receipt Source J. Type of Contributor MATTHEWG, NC 20104 Add Remove A. Election Sum to Date \$ 30,000 Add Remove J. Type of Contributor Add Remove J. Type of Contributor MATTHEWG, NC 20104 J. Date (num/dd/yyyy) J. Fair Market Amount MEET & GREET J. Oli4 2015 J. Date (num/dd/yyyy) J. Fair Market Amount J. Type of Contributor J. Date (num/dd/yyyy) J. Fair Market Amount J. Type of Contributor J. Date (num/dd/yyyy) J. Fair Market Amount J. Type of Contributor J. Date (num/dd/yyyy) J. Fair Market Amount J. Type of Contributor J. Date (num/dd/yyyy) J. Fair Market Amount J. Date (num/dd/yyyy) J. Fair Market Amount J. Date (num/dd/yyyy) J. Fair Market Amount J. Type of Contributor J. Date (num/dd/yyyy) J. Fair Market Amount J. Date (num/dd/yyyy)	COMMITTEE TO ELECT MIKKI	WEAVER	<u>`</u>	211	MTVF	
(Include city, state, & zip) BARBARA SINCLAIR ICCO HERITAGE ACRES MATTHEWS, NC 20104 Candidate Party Date (unufoldyyyyy) Party Pa						
BARBARA SINCLAIR IOOO HERITAGE ACRES MATTHEWS, NC 28104 e. Description MEET & GREET CT 16 2015 Add Remove a. Rull Name, Mailling Address & Phone (Include city, state, & zip) KIM PEREZ JOH MAPLE VALLEY COURT MATTHEWS, NC 28104 E. Description MEET & GREET L. Date (mm/dd/yyyy) J. Fair Market Amount MEET & GREET J. Date (mm/dd/yyyy) J. Fair Market Amount MEET & GREET J. Date (mm/dd/yyyy) J. Fair Market Amount MEET & GREET J. Date (mm/dd/yyyy) J. Fair Market Amount MEET & GREET J. Date (mm/dd/yyyy) J. Fair Market Amount J. Date (mm/d			outor	c. Comme	ents	
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ICCO HERITAGE ACRES Referendum G. Election Sum to Date S NO, OO	BARBARA SINCLAIR	I 🚃				
MATTHEWS, NC 22104	1000 HERITAGE ACRES			2 721 41 .	2 1 8 1	
e. Description MEET & GREET CT 2 6 2015 R. Date (mun/dd/yyyy) g. Fuir Market Amount Add Remove a. Full Name, Mailing Address & Phone (include city, state, & ztp) WATTHEWG, NC 28104 C. Description MEET & GREET D. Date (man/dd/yyyy) g. Fair Market Amount d. Election Sum to Date \$ 3.0, 00 Add Remove d. Election Sum to Date \$ 3.0, 00 \$ 3.0, 00 \$ 3.0, 00 \$ 3.0, 00 Add Remove A Election Sum to Date \$ 3.0, 00 \$ 3.0, 00 \$ 3.0, 00 Add Remove A Election Sum to Date \$ 3.0, 00 \$ 3.0, 00 Add Remove A Election Sum to Date \$ 3.0, 00 \$ 3.0, 00 Add Remove A Full Name, Mailing Address & Phone (include city, state, & ztp) LISA MCCROSSAN LISA MCCROSSAN Contributor Information A CONTRIBUTION		1==	Source			
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3. Contributor Information a. Full Name, Malling Address & Phone (Include city, state, & zip) Description		V C. LJ	f. Date (nun/dd/yyy	y) g. Fe	ir Market Amount	
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(Include city, state, & zip) KIM PEREZ Party Pa						
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KIM PEREZ 014 MAPLE VALLEY COURT Party	(include city, state, & zip)	· 				
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3. Contributor Information a. Full Name, Malling Address & Phone (Include city, state, & zip) LISA MCCROSSAN 2040 KINGS MANOR DR. MATTHEWS, NC 28104 e. Description MEET & GREET JOHU 2015 \$ 78.00 s 4. Total only this Page 5. Total of ALL CRO-1510 Pages	MEET & GREET		10/14/20	15 \$	30,00	
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